DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: ASSISTED LIVING OF DURAND (0010435)

Address: 1103 LANEVILLE AVE, DURAND, WI 54736

License Status: REGULAR

Survey ID: 0091714

Licensed/Certified/Registered 12/17/2003

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

End Date: 12/02/2003

			Survey History
Survey ID: 0096757	End Date: 04/12/2006	Type: STANDARD	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0096369	End Date: 01/23/2005	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			

Purpose: SURVEY

Type: STANDARD

Survey History

Results: LICENSE/CERT/REGISTRATION ISSUED

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Complaint History

Date Complaint Received: 01/21/2006 Date Investigation Completed: 01/23/2006

Subject Area(s) Result SOD #

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